

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	/		/		/	
5		4				
6		3				
7		3				
8		3				
9		3				
10		0				
11		0				
12		0				
13	/		/		/	
14	/		/		/	
15						
16						
17						
18	/		/		/	
19	/		/		/	
20		2				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27		0				
28		0				
29	/		/		/	
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41	/		/		/	
42	/		/		/	
43	/		/		/	
44						
45						
46						
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48						
49						
50						
TOTAL IND.			13			
TOTAL DEP.				10		
TOTAL CLAIMS			23			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.					13	
TOTAL DEP.						30
TOTAL CLAIMS					43	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS